Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

| =                                                                                                                                                                                                            |                                                 |                                           |                                              |                 | <del></del>                   |                  |            |                        | <del></del> |                  |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------|----------------------------------------------|-----------------|-------------------------------|------------------|------------|------------------------|-------------|------------------|------------------------|
|                                                                                                                                                                                                              |                                                 | CLAIMS AS                                 | S FILED - PART<br>(Column 1)                 |                 | (Column 2)                    |                  | SWALL EN   | Small entity<br>Type   |             | other<br>Small   |                        |
| TOTAL CLAIMS                                                                                                                                                                                                 |                                                 |                                           |                                              |                 |                               |                  | RATE       | FEE                    |             | RATE             | FEE                    |
| FOR                                                                                                                                                                                                          |                                                 |                                           | NUMBER FILED                                 |                 | NUMBER EXTRA                  |                  | BASIC FEE  | 355.00                 | OR          | BASIC FEE        | 710.00                 |
| то                                                                                                                                                                                                           | TAL CHARGEA                                     | BLE CLAIMS                                | 23 minus 20=                                 |                 | • 3                           |                  | X\$ 9=     |                        | OR          | X\$18=           | 54                     |
| INDEPENDENT CLAIMS                                                                                                                                                                                           |                                                 |                                           | J minus 3 =                                  |                 | * 2                           |                  | X40=       |                        | OR          | X80=             | 160                    |
| MU                                                                                                                                                                                                           | LTIPLE DEPEN                                    | IDENT CLAIM PI                            | RESENT                                       |                 |                               |                  | +135=      |                        | OR          |                  |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                     |                                                 |                                           |                                              |                 |                               |                  | TOTAL      |                        | OR          |                  | 924                    |
|                                                                                                                                                                                                              | C                                               | Laims as a                                | MENDEC                                       | ended - Part II |                               |                  |            | = 0.152052 <b>3</b>    | 3           | other            | THAN                   |
| <u></u>                                                                                                                                                                                                      | 2                                               | (Column 1)                                | <u>.                                    </u> |                 | mn 2)                         | (Column 3)       | SMALL      |                        | OR          | SWALL            |                        |
| AMENDMENTA                                                                                                                                                                                                   |                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                              | NUM<br>PREVI    | HEST<br>IBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA | RATE       | ADDI-<br>TIONAL<br>FEE |             | RATE             | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                              | Total                                           | ti                                        | Minus                                        | ψφ              |                               | =                | X\$ 9=     |                        | OR          | X\$18=           |                        |
|                                                                                                                                                                                                              | Independent                                     | *                                         | Minus                                        | ***             | T 01 1111                     | =                | X40=       |                        | OR          | X80=             |                        |
|                                                                                                                                                                                                              | FIRST PRESE                                     | NTATION OF MU                             | JLTIPLE DEI                                  | PENDEN          | I CLAIM                       |                  | ÷135=      |                        | OR          | ÷270=            |                        |
| TOTAL                                                                                                                                                                                                        |                                                 |                                           |                                              |                 |                               |                  |            |                        | OB          | TOTAL            | [                      |
|                                                                                                                                                                                                              |                                                 | <b></b>                                   |                                              | <b>10</b> 1     | ۵۱                            | (0.1             | ADDIT. FEE |                        |             | ADDIT. FEE       |                        |
| <u></u>                                                                                                                                                                                                      | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST |                                           |                                              |                 |                               |                  | ]]         |                        | n 1         |                  |                        |
| AMENDMENT B                                                                                                                                                                                                  |                                                 | REMAINING.<br>AFTER<br>AMENDMENT          |                                              | NUM<br>PREVI    | MBER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA | RATE       | ADDI-<br>TIONAL<br>FEE |             | RATE             | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                              | Total                                           | ٠                                         | Minus                                        | ##              |                               | =                | X\$ 9=     |                        | OR          | X\$18=           |                        |
|                                                                                                                                                                                                              | Independent                                     | <u> </u>                                  | Minus ***                                    |                 | <del>-</del>                  | = -              | X40=       |                        | OR          | X80=             |                        |
|                                                                                                                                                                                                              | FIRST PRESE                                     | NTATION OF MI                             | JLIIPLE DEI                                  | PENDEN          | I CLAIM                       |                  | +135=      |                        | OR          | +270=            |                        |
| TOTAL                                                                                                                                                                                                        |                                                 |                                           |                                              |                 |                               |                  |            | ) <br>                 | TOTAL       |                  |                        |
|                                                                                                                                                                                                              |                                                 |                                           |                                              |                 |                               |                  | ADDIT. FEE |                        | OR          | ADDIT. FEE       |                        |
|                                                                                                                                                                                                              | <del></del>                                     | (Column 1)                                |                                              |                 | mn 2)                         | (Column 3)       | )          |                        |             |                  |                        |
| AMENDMENT C                                                                                                                                                                                                  |                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                              | NUN<br>PREVI    | HEST<br>MBER<br>NOUSLY<br>FOR | PRESENT<br>EXTRA | RATE       | ADDI-<br>TIONAL<br>FEE |             | RATE             | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                              | Total                                           | ů                                         | Minus                                        | \$\$            |                               | =                | X\$ 9=     |                        | OR          | X\$18=           |                        |
|                                                                                                                                                                                                              | Independent                                     | ů .                                       | Minus                                        | 000             |                               | =                | X40=       |                        | OR          | X80=             |                        |
|                                                                                                                                                                                                              | THIST PRESENTATION OF WOLTIPLE DEPENDENT CLAIM  |                                           |                                              |                 |                               |                  |            |                        |             |                  |                        |
|                                                                                                                                                                                                              | +135=                                           |                                           |                                              |                 |                               |                  |            |                        | OR          | +270=            |                        |
| ADDII. FEE IL                                                                                                                                                                                                |                                                 |                                           |                                              |                 |                               |                  |            |                        | OR          | TOTAL ADDIT. FEE | 11                     |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid FOR (Total billings) is the st number found in the appropriate box in column 1. |                                                 |                                           |                                              |                 |                               |                  |            |                        |             |                  |                        |